

PROGRAMMATIC CHANGE FORM
DDTF, SAFEPLAN, & VOCA

Directions: Please fill out **one** form for **each** programmatic change. If the change impacts more than one grant, submit **one form for each grant it impacts** via fax, e-mail, or mail to the attention of the respective Program Manager within **two weeks** of a resignation or hire.

Please circle the applicable grant:

DDTF

SAFEPLAN

VOCA

Agency Name: _____

Program Name: _____

Contact Person: _____

Phone: # _____ **ext.** _____

E-mail: _____

Name of Employee Who Resigned: _____

Title of Position: _____

Date of Resignation: ____/____/____

****Submit resignation information, even in the event that you have not yet hired for that position.***

Name of Employee Hired to Fill Vacancy: _____

Start Date: ____/____/____

****Title of position should be included above. Include a copy of the new employee's resume for MOVA's records.***

Please Note: Any employee change that requires an **increase or reduction in hours or a salary adjustment** will need to be submitted as a **budget change**. In such cases, submit a written request to the attention of the appropriate Program Manager. The request must include a description of the changes and a copy of the proposed employee budget that indicates the requested adjustments to be made. Pay special attention to employees that are listed on more than one grant to ensure that there is no supplantation.